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Docket No.: 57987US002

Request for Continued Examination (RCE) Transmittal

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

First Named Inventor: Kropp, Michael A.
Application No. :   10/723827   Group Art Unit: 1711
Filed: November 26, 2003   Examiner: S. Berman
Title: Cationically Curable Composition
This is a Request for Continued Examination (RCE) under 37 CFR § 1.114 of the above-identified application.

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1. **Submission required under 37 CFR § 1.114**
    a. ☒ Previously submitted
        i.   ☒ Consider the amendment(s)/reply under 37 CFR § 1.116 previously filed on <u>February 21, 2006</u>
                (Any unentered amendment(s) referred to above will be entered)
        ii. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on
        iii. ☐ Other
    b. ☒ Enclosed
        i.   ☒ Amendment/Reply
        ii. ☐ Affidavit(s)/Declaration(s)
        iii. ☐ Information Disclosure Statement (IDS)/Supplemental IDS
        iv. ☐ Other

2. ☒ A Request for Extension of Time is being filed concurrently
3. Fees (The RCE fee under 37 CFR § 1.17(e) is required by 37 CFR § 1.114 when the RCE is filed.)
    a. ☒ The Director is hereby authorized to charge the following fees or credit any overpayments to:
            Deposit Account No. 13-3723. A duplicate copy of this letter for fees processing is enclosed.
        i.   ☒ RCE fee required under 37 CFR § 1.17(e)
        ii. ☐ Other : The RCE fee required under 37 CFR § 1.17(e) will be made at the time of submission via EFS-Web.

Respectfully submitted,

April 20, 2006   By: _Lucy C. Weiss_
Date   Lucy C. Weiss, Reg. No.: 32,834
                                            Telephone No.:(651-733-1189

Office of Intellectual Property Counsel
3M Innovative Properties Company
Facsimile No.: (651) 736-3833

Certificate of Mailing or Transmission	
I certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date indicated below:	
Sent to Facsimile No.: 571-273-8300	Signature: _Lydia M Cahill_
Date: April 20, 2006	Printed Name: Lydia M. Cahill

PATENT APPLICATION FEE DETERMINATION RECORD
Effective October 1, 2003

Application or Docket Number: 10 723 822

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	24	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	24 minus 20=	4
INDEPENDENT CLAIMS	3 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT		☐

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐   OR   **OTHER THAN SMALL ENTITY**

	RATE	FEE		RATE	FEE
	BASIC FEE	385.00	OR	BASIC FEE	770.00
	X$ 9=		OR	X$18=	72
	X43=		OR	X86=	
	+145=		OR	+290=	
	TOTAL		OR	TOTAL	842

CLAIMS AS AMENDED - PART II

9/23/05

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	24	Minus	24	0
Independent	3	Minus	6	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY   OR   **OTHER THAN SMALL ENTITY**

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

2/21/06

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	24	Minus	24	0
Independent	3	Minus	6	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

4/20/06

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	24	Minus	24	
Independent	3	Minus	6	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X43=		OR	X86=	
+145=		OR	+290=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875 (Rev. 10/03)   Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE